



KARMA MEDICAL PRODUCTS CO., LTD.  
康揚股份有限公司 U.K. U.S.A. TAIWAN THAI.  
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Http://www.KarmaMedical.com  
E-mail:eukarma@ms29.hinet.net K041678

JUL 23 2004

## “ 510(k) SUMMARY ”

Submitter's Name: **KARMA Medical Products Co., Ltd.**

No. 2363, Sec.2, Da-Shiue Road, Min-Hsiung Shiang, Chia-Yi Hsien,  
621, Taiwan, R.O.C.

Date summary prepared:

June 13, 2004

Device Name:

Proprietary Name: KARMA Power Wheelchair, KP-25

Common or Usual Name: Powered Wheelchair

Classification Name: Powered Wheelchair, Class II,  
21 CFR 890.3860

Indications for Use:

The device is intended for medical purposes to provide mobility to persons restricted to a seated position.

Description of the device:

The KARMA Power Wheelchair, KP-25 is an indoor / outdoor Powered Wheelchair that is battery operated. It has a base with four-wheeled with a seat. The movement of the Wheelchair is controlled by the rider who uses hand controls located at the top of the steering column. The device can be disassembled for transport and is provided with an onboard battery charger.

Performance Testing:

EMC Report ANSI / RESNA WC/Vol.2-1998, CISPR 11: 1990, EN61000-3-2: 1995, IEC61000-3-3: 1995 (Electrically Powered Wheelchairs, controller, and their chargers – requirements and test methods)

Legally marketed device for substantial equivalence comparison:

SINON Power Wheelchair, SN-W401 (K040319)



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Summary for substantial equivalence comparison:

The electronic systems between two devices are the same and all passed by the UL certificated, for instance the electronic controller, batteries and recharge, switches & switching power supplies. Thus the same safety level for the two devices is assured. Besides, the two devices are the same foldable frame, maximum speed, removable arm type, same warranty on component and frame, and back upholstery are the same material that also be passed the resistance ignition test by SGS. The major differences existing of the two Powered Wheelchairs are the different overall dimension and weight between the two devices. The overall appearance and weight differences are not safety aspect. Thus the new device is substantially equivalent to the predicate devices in this aspect.



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

JUL 23 2004

Food and Drug Administration  
9200 Corporate Boulevard  
Rockville MD 20850

KARMA Medical Products Co., Ltd.  
C/o Dr. Ke-Min Jen  
ROC Chinese-European Industrial Research Society  
No. 58, Fu-Chiun St.  
Hsin-Chu City, China (Taiwan) 300

Re: K041678  
Trade/Device Name: KARMA Power Wheelchair, KP-25  
Regulation Number: 21 CFR 890.3860  
Regulation Name: Powered wheelchair  
Regulatory Class: II  
Product Code: ITI  
Dated: June 13, 2004  
Received: June 21, 2004

Dear Dr. Jen:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

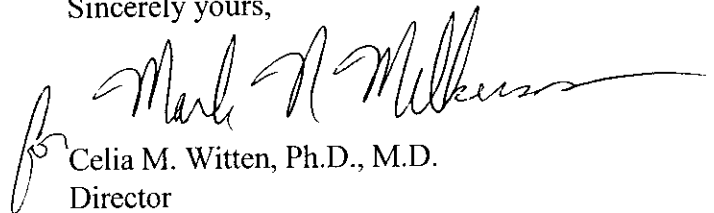
If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the Federal Register.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

This letter will allow you to begin marketing your device as described in your Section 510(k) premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please contact the Office of Compliance at (301) 594-4659. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR Part 807.97). You may obtain other general information on your responsibilities under the Act from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (301) 443-6597 or at its Internet address <http://www.fda.gov/cdrh/dsma/dsmamain.html>

Sincerely yours,

A handwritten signature in black ink, appearing to read "Celia M. Witten", with a long, sweeping horizontal line extending to the right.

Celia M. Witten, Ph.D., M.D.

Director

Division of General, Restorative  
and Neurological Devices

Office of Device Evaluation

Center for Devices and

Radiological Health

Enclosure



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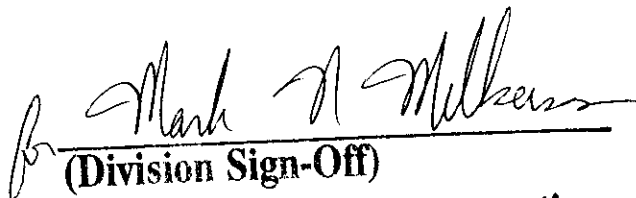
Page 1 of 1

510 (K) NUMBER ( IF KNOW ): TBA

DEVICE NAME: KARMA Power Wheelchair, KP-25

INDICATIONS FOR USE:

The device is intended for medical purposes to provide mobility to persons restricted to a sitting position.

  
(Division Sign-Off)

**Division of General, Restorative,  
and Neurological Devices**

510(b) Number K041678

Prescription Use \_\_\_\_\_

AND/OR

Over-The-Counter Use ✓

(Part 21 CFR 801 Subpart D)

(21 CFR 807 Subpart C)

(PLEASE DO NOT WRITE BELOW THIS LINE-CONTINUE ON ANOTHER PAGE  
IF NEEDED)

Concurrence of CDRH, Office of Device Evaluation (ODE)